Name in Full: Noah C Adkins

Certificate of Death

Died at: Town: Showells County: Worcester MARYLAND

Date 1899 Month: March Day: 13 Age: Y. M. D. Still Bried Native of: Occupation:

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Noah C. Adkins Mother's Name: Kitty Adkins

Cause of Death: Primary 161 How long sick

Immediate ~~Accident, Suicide, Homicide~~

Reported by: Curtis J Evans undertaker

Address: Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Les inattendance

CJE mr 22

Name In Full: Mrs Sarah E. Bartlette

Certificate of Death

Died at: Town: Berlin — County: Worcester — MARYLAND

Date 1899: Month 3 - Day 22 | Age: Y. 25 M. D. years | Native of: New York | Occupation: Housekeeper

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

~~Husband~~ Wife of: Frank Bartlette

Father's Name: Unknown — Mother's Name: Unknown

Cause of Death — Primary: Tubercular Consumption — How long sick: 8 months

Immediate: Tubercular " 22 " a — ~~Accident, Suicide, Homicide~~

Reported by: Edwin J Dirickson M D

Address: Berlin Maryland

Must be signed by physician, if any in attendance, otherwise [illegible] oroner, undertaker or minister. E J Dirickson M D

LIBRARY BUREAU, 79998

Name in Full | Certificate of Death

Sarah Effa Briddle

Died at — Town: Berlin — County: Worcester — MARYLAND

Date 1899 — Month: March — Day: 23 — Age: Y. 8 M. Years D. — Native of: Berlin — Occupation:

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband / Wife of

Father's Name: John Briddle — Mother's Name: Clara Briddle

Cause of Death — Primary: Cold in Lungs — Immediate: Consumption — 22a

How long sick: ~~two~~ months

~~Accident, Suicide, Homicide~~

Reported by: John T. Hammond M.D.

Address: Berlin Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full Ernest Causey

Certificate of Death

Town

County Worcester

Died at

MARYLAND

Date 189 9 Month 3 Day 21st Age Y. 6 M. D.

Native of

Occupation

Male ~~Female~~

White ~~Colored~~

Married Single

Widow Widower

Divorced Number of children living

Husband of Wife

Father's Name Robert Causey

Mother's Name

Cause of Death

Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Snow Hill Advocate

Address 3-25

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70208

Name in Full Thetty Conaway child

Certificate of Death

Died at Town Berlin County Worcester MARYLAND

Date 1899 Month March Day 31 Age Y. M. D. 3 weeks Native of Maryland Occupation

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name

Mother's Name Thetty Conaway

Cause of Death Primary 161 How long sick 3 ~~[illegible]~~

Immediate

~~Accident, Suicide, Homicide~~

Reported by Curtis J Evans & son

Address undertakers Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

no
Der installierende

C.J.E no 25

Name In Full Infant Cowd

Certificate of Death

Died at Town Berlin County Worcester MARYLAND

Date 1899 Month March Day 17 | Age Y. M. D. 14 | Native of Berlin | Occupation

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Henry Cowd

Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Bill Powell

Address J. E. Wise

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name In Full: Phelby E Dennis

Certificate of Death

Died at: Town: Near Hollands Church County: Worcester MARYLAND

Date 1899 Month: 3 Day: 24 | Age Y. 68 M. D. | Native of: Maryland | Occupation: House wife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Co-ored~~ ~~Single~~ ~~Widower~~ Number of children living 4

Husband of Wife: Benjamin Dennis 155a

Father's Name: Dont Know Mother's Name: Dont Know

Cause of Death: Primary: Present been well for sometime How long sick

Immediate: Heart Failure Accident, Suicide, Homicide

Reported by: Stevenson & Bro

Address: Sowmoke City Undertakers

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Dr W. D. Stranghn
Snowhill
Mad. Oneviset Md

Name in Full Rab Dennis

Certificate of Death

Died at Town St Martins County Worcester MARYLAND

Date 1899 Month 3 Day 6 Age Y. 1 M. 1 D. Native of Maryland Occupation Nursing

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Jackson Lee Dennis Mother's Name Annie Dennis

Cause of Death Primary Cold 72 How long sick One week

Immediate Pneumonia Accident, Suicide, Homicide

Reported by E Holland

Address Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

C. J. E nr
20

Name in Full Theorien Franklin

Certificate of Death

Died at Town Berlin County Worcester MARYLAND

Date 1899 Month March Day 9 Age ~~Y.~~ M. 3 D. Native of Maryland Occupation

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name John Franklin Mother's Name Elonory Franklin

Cause of Death Primary cold 161 How long sick 2 weeks

Immediate ~~Accident, Suicide, Homicide~~

Reported by Curtis J Evans undertaker

Address Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Les in attendance

C.J.E. nr 21

Name In Full — Certificate of Death

Richard Hastings.

Died at — Town: Friendship — County: Anne Arundel — MARYLAND

Date 189 9 — Month: 3 — Day: 24 — Age: Y. 77 M. — D. — Native of: Md. — Occupation: Farmer

Male ~~Female~~ — White ~~Colored~~ — Married ~~Single~~ ~~Widow~~ Widower — ~~Divorced~~ — Number of children living 4

Husband of Wife: Adelia Hastings.

Father's Name: Richard Hastings — Mother's Name:

Cause of Death — Primary: Dyspepsia 90 — How long sick: 2 years

Immediate: Melancholia — ~~Accident, Suicide, Homicide~~

Reported by: F E Holland

Address: Berlin Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name In Full — Certificate of Death

Lennie Holloway

Town — County — Frederick — MARYLAND

Died at

Date 189	Month	Day	Age Y.	M.	D.	Native of	Occupation
	March	19	17			Maryland	Laborer

~~Male~~ · Female — White — ~~Married~~ — ~~Widow~~ — Divorced

~~Colored~~ — ~~Single~~ — Widower — Number of children ~~living~~

Husband of

Wife

Father's Name: Martin Holloway — Mother's Name: Julia Holloway

Cause of Death — Primary: Malnutrition C 226 — How long sick: 2 weeks

Immediate: Tuberculous Meningitis — ~~Accident, Suicide, Homicide~~

Reported by: Ebe Holland

Address: Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

J. E. Wise Ph.D.

Name In Full — Certificate of Death

No Name — Johnson Infant Child Born

Town — County

Died at Snow Hill — Worcester — MARYLAND

	Month	Day		Y.	M.	D.	Native of	Occupation
Date 1899	3	14	Age	0	0	0	U. S.	0

Male — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — Single — Widower — Number of children living 0

~~Husband~~ of Wife

Father's Name: Jerome Johnson — Mother's Name: Hattie M. Johnson

Cause of Death — Primary: Debility, Div. of Cord. — How long sick: 1

Immediate: 137 — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: W. S. Haughton, Md.

Address: Snow Hill Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78078

Name in Full — Not named Jones — Certificate of Death

Died at — Town: Taylorville — County: Worcester — MARYLAND

Date 189 9 — Month: March — Day: 27 — Age: Y. 48 hours — M. — D. — Native of: Md — Occupation: ———

Male ~~Female~~ — White ~~Colored~~ — ~~Married~~ ~~Single~~ ~~Widowed~~ ~~Widower~~ ~~Divorced~~ — ~~Number of children living~~

Husband / Wife of ———

Father's Name: George Jones — Mother's Name: Anna Jones

Cause of Death — Primary: ——— — Immediate: Gastritis — 71 — How long sick: 48 hours

Accident, Suicide, Homicide

Reported by: R. P. Gelvin

Address: Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Name in Full Sewel Jones child

Certificate of Death

Died at Town Talorvill County Worcester MARYLAND

Date 189 9 Month March Day 17 Age ~~Y.~~ M. 3 D. Native of md Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband of Wife

Father's Name Sewel Jones

Mother's Name Dorah L Jones

Cause of Death Primary 161

Immediate cold

How long sick

~~Accident, Suicide, Homicide~~

Reported by C. J. Evans undertaker

Address Berlin md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Lee Rollins Co. [illegible] 4-26 - knows the factory
[illegible]
Failed to leave a
certificate
he lives 9 miles from our
town

CSF
no
24

Name In Full

Earl Mumford

Certificate of Death

Died at Town: Berlin County: Worcester Co. MARYLAND

Date 189 9 Month: 2 Day: 9

Age Y. 0 M. 10 D. 28

Native of Md.

Occupation —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow Widower - Divorced ~~Number of children living~~ -

Husband of ~~Wife~~

Father's Name Solomon B Mumford

Mother's Name Ida V. Mumford

Cause of Death: Primary Cold 71 — How long sick One week

Immediate Pleuro-Pneumonia — ~~Accident, Suicide, Homicide~~

Reported by E Holland

Address Berlin Md

Must be signed by physician, if any in attendance, otherwise by Coroner, undertaker or minister.

LIBRARY BUREAU, 78118

Name in Full

Certificate of Death

Mrs Ella Parsons

Died at Town: Snow Hill County: Wor: MARYLAND

Date 1899 Month: Mar Day: 3 | Age Y.: 27 M.: 1 D.: | Native of: Md | ~~Occupation~~

~~Male~~ / Female | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | Number of children living: 1

~~Husband~~ / Wife of Ernest Parsons

Father's Name: Selby Truitt | Mother's Name: Annie Truitt

Cause of Death — Primary: 22d. | How long sick: 3 months

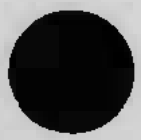
Immediate: Consumption | ~~Accident~~, Suicide, Homicide

Reported by Burbage & Conner Undertakers

Address Snow Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full | Certificate of Death

Mary Phillips Colored

Died at Town: Pocomoke City County: Worcester MARYLAND

Date 1899 Month: March Dey: 13 | Age Y. M. D.: 16 years | Native of: Maryland | Occupetion

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Thomas Phillips | Mother's Name: Maggie Phillips

Cause of Deeth: Primery: Small pox | How long sick: about 10 days

Immediate: 4 | Accident, Suicide, Homicide

Reported by: C. F. Hargis

Address: Pocomoke City

Must be signed by physician, if any in attendence, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79888

Name In Full

Certificate of Death

Amelia Price

Died at Town Snow Hill County Worcester MARYLAND

Date 1899 Month 3 Day 3

Age Y. 79 M. – D. –

Native of Md

Occupation —

~~Male~~ Female

White ~~Colored~~

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~

Number of children living 1

Husband of —

Wife —

Father's Name —

Mother's Name —

Cause of Death: Primary — Cancer of Stomach — How long sick Several Weeks

Immediate — Prostration — 25 hr — ~~Accident~~, Suicide, Homicide

Reported by Dr. L. P. Jones

Address Snow Hill

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full Mrs Lizzie Savage

Certificate of Death

Died at Town Fairville County Worcester MARYLAND

Date 189 9 Month March Day 24 Age Y. 60 M. D. Native of Maryland Occupation [illegible]

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children~~ living

Husband of Wife John H Savage Sec

Father's Name Mother's Name

Cause of Death Primary cancer 25 g How long sick 6 months

Immediate ~~Accident, Suicide, Homicide~~

Reported by Curtis J Evans

Address [illegible] Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

no Desvicattendane

no
27

Name in Full John W. Taylor

Certificate of Death

Died at Town Box Iron County Wor MARYLAND

Date 1899 Month Mar Day 5 Age Y. 54 M. 11 D. 23 Native of Md Occupation Oysterman

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 4

Husbend ~~Wife~~ of Martha Taylor

Father's Name Joseph Taylor Mother's Name Anne Taylor

Cause of Death Primary Grippe 9 How long sick 3 days

Immediate Heart-disease, supposed Accident, Suicide, Homicide

Reported by Burbage & Conner Undertakers

Address Snow Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79898

Name In Full: William Wardrobe

Certificate of Death

Died at: Town: Kleg Grange County: Worcester MARYLAND

Date 1899 Month: 3 Day: 2 Age: Y. 72 M. D. Native of: Scotland Occupation: Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living: none

Husband of Wife: Rebecca Wardrobe, Mrs Tilghman

Father's Name: unknown Mother's Name: unknown

Cause of Death: Primary: Bronchitis 69 How long sick: dont know

Immediate: Accident, Suicide, Homicide

Reported by: Stevenson & Bro

Address: Pocomoke city Md Undertakers

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79798

Dr Benson of Stockton
Made a Visit

Name in Full

William Wardrobe

Certificate of Death

Died at Town: Kly Grange County: Worcester MARYLAND

Date 1899 Month 3 Day 4 Age Y. 72 M. 0 D. 0 Native of Scotland Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 0

Husband of Wife Rebecca Filghman

Father's Name do not know Mother's Name do not know

Cause of Death Primary Tuberculosis of Lungs 22a How long sick

Immediate do not know; Had not seen him for 2 weeks ~~Accident, Suicide, Homicide~~

Reported by C. A. Bennum Jr. D.

Address Gridletree

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899